

STATE OF SOUTH CAROLINA STATE ETHICS COMMISSION

FOR COMMISSION USE ONLY:
CASE# C

COMPLAINT FORM

COMPLAINANT:
ADDRESS:

RESPONDENT:
ADDRESS:

TELEPHONE NUMBER:
TITLE:

TELEPHONE NUMBER:
TITLE:

Set forth in detail specific facts upon which you based your complaint against above-named respondent (only detailed, clear factual allegations will be considered.) (If additional space is needed, attach supplemental sheets).

All investigations, inquiries, hearings, and accompanying documents must remain confidential until final disposition of a matter unless the respondent waives the right to confidentiality. The willful release of confidential information is a misdemeanor, and any person releasing such confidential information, upon conviction, must be fined not more than one thousand dollars (\$1,000) or imprisoned not more than one year. Section 8-13-320 (10) (g).

STATE OF SOUTH CAROLINA
COUNTY OF _____

Personally appeared before me _____ who, first being duly sworn, says that he has read and knows the contents of the above complaint and that the allegations contained therein, are true and correct to the best of his own knowledge, except for those matters therein based upon information and belief, and as to those he believes them to be true.

Sworn to and subscribed before me this
_____ day of _____, _____

Notary public for South Carolina
My Commission expires _____

COMPLAINANT'S SIGNATURE

SEC-7 (Revised 09-01-99)

REPLY TO: 5000 Thurmond Mall, Suite 250, Columbia, South Carolina 29201
TELEPHONE: (803) 253-4192 FAXED COPIES WILL NOT BE ACCEPTED